



**FEE TRANSMITTAL  
For FY 2006**

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**Complete if Known**

Application Number	09/888,959
Filing Date	June 25, 2001
First Named Inventor	Richard Ian Christopherson
Examiner Name	Karen A. Canella
Art Unit	1643
TOTAL AMOUNT OF PAYMENT	(\$1,810)
Attorney Docket No.	650061.401C1

**METHOD OF PAYMENT (check all that apply)**

Check     Credit Card     Money Order     Other (please identify): \_\_\_\_\_

Deposit Account    Deposit Account Number: 19-1090    Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- |                                                                        |                                                                                                                              |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Charge fee(s) indicated below                 | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee                                            |
| <input type="checkbox"/> Charge any additional fee(s) or underpayments | <input checked="" type="checkbox"/> Charge any underpayments or credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17 |

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

<u>Fee Description</u>	<u>Small Entity</u> <u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
10	-20 or HP = 0 X _____	= _____
Indep. Claims	Extra Claims	Fee (\$)
1	-3 or HP = 0 X _____	= _____

HP = highest number of total claims paid for, if greater than 20.  
HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-100 = _____	/50 = _____	(round up to a whole number)	x _____	_____

<u>4. OTHER FEE(S)</u>	<u>Fees Paid (\$)</u>
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): Request for Continued Examination Petition for Extension of Time (3 mos.)	790 1,020

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	48,903	Telephone	206-622-4900
Name (Print/Type)	Mae Joanne Rosok			Date	February 9, 2007